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FILING DATE **CLAIMS ONLY** APPLICANT(8 CLAIMS APTER 2nd AMENDMENT AFTER AB FILED 1st AMENDMENT IND. IND. DEP. DEP. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL TOTAL DEP. TOTAL DEP.

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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